

Client Information & Registration Form

(ALL INFORMATION IS HELD IN STRICTEST CONFIDENCE)

Client Information:

Name: _____
First Middle Last, Suffix

DOB: _____ Age: _____ Gender: _____ Marital Status: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ May I leave a message? Yes No

Cell Phone: _____ May I leave a message? Yes No

Employer Information:

Company Name: _____ Occupation: _____

Work Phone: _____ May I leave a message? Yes No

Spouse Information or N/A:

Name: _____
First Middle Last, Suffix

DOB: _____ Age: _____ Gender: _____ Marital Status: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ May I leave a message? Yes No

Cell Phone: _____ May I leave a message? Yes No

Spouse's Employer Information:

Company Name: _____ Occupation: _____

Work Phone: _____ May I leave a message? Yes No

Referral Information:

Referred By: _____ May I contact him/her? Yes No

If yes: Contact Phone: _____

Emergency Contact Information:

Emergency Contact: _____ Relationship: _____

Contact Phone: _____

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Household Information:

Of Individuals Living in Your Home: _____

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client History:

Why are you here? _____

Are you currently seeing, or have you in the past seen another professional for this? Current Past No

If yes, who & when: _____

Legal & Illegal Substance History, (drugs, alcohol, tobacco, etc.): _____

Please list Current, or Important Past Medications:

Medication & Dosage	Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been admitted to a hospital for psychiatric care? Yes No

If Yes, please explain: _____

Are you currently having thoughts of harming either yourself or someone else? Yes No

Have you in the past experienced thoughts of harming either yourself or someone else? Yes No

Is there anything else you would like me to know? _____

Signature: _____

Date: _____

Notice of Privacy Policies

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PROTECTED HEALTH INFORMATION

I understand that medical information about you and your health is personal, and I am committed to protecting medical information about you. I create a record of the care and services that you receive at KEY Counseling. I need this record to provide you with quality care and to comply with certain legal requirements. Your health record contains personal information about you and your health. This information that may identify you relates to your past, present, or future physical or mental health or condition and related health care services and is referred to as Protected Health Information ("PHI").

The basis for federal privacy protection is the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, known as the "Privacy Rule" and "Security Rule" and other federal and state privacy laws.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the information privacy practices followed by me, volunteers, and related personnel.

Each participant who joins in this joint Notice of Privacy Practices serves as their own agent for all aspects of HIPAA Compliance, other than the delivery of this Joint Notice. For counselor/therapist specific issues or questions, please feel free to contact your counselor/therapist directly.

KEYCounseling employees, volunteers, and related personnel must follow this Notice with respect to:

- How We Use Your PHI
- Disclosing Your PHI to Others
- Your Privacy Rights
- My Privacy Duties
- Contacts for More Information or, if necessary, a Complaint

USING OR DISCLOSING YOUR PHI: FOR TREATMENT

During the course of your treatment, I use and disclose your PHI. For example, your physician or another therapist may be contacted to coordinate services or to inform them of your treatment.

If you apply or attempt to apply to receive assistance through KEYCounseling and provide information with the intent or purpose of fraud, or that results in either an actual crime of fraud for any reason, including willful or un-willful acts of negligence whether intended or not, or which in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

FOR PAYMENT

I may use and disclose PHI so that I can receive payment for the treatment services provided to you. Examples of payment-related activities include reviewing services provided to you for grant related activities or undertaking utilization review activities.

I may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

FOR HEALTHCARE OPERATIONS

Your medical record and PHI could be used in periodic assessments by counselors/therapists about KEYCounseling's quality of care. Or I might use the PHI from real clients in education sessions with intern students training in my practice. Other uses of your PHI may include, but is not limited to, quality assessment activities, employee review activities, licensing, the resolution of a complaint, and conducting or arranging for other business activities.

SPECIAL USES

Your relationship to me as a client might require using or disclosing your PHI in order to:

- Remind you of an appointment for treatment
- Tell you about treatment alternatives and options
- Tell you about our other health benefits and services

YOUR AUTHORIZATION MAY BE REQUIRED

In many cases, I may use or disclose your PHI, as summarized above, for treatment, payment or healthcare operations or as required or permitted by law. In other cases, I must ask for your written authorization with specific instructions and limits on my use or disclosure of your PHI. This includes, for example, uses or disclosures of psychotherapy notes, uses or disclosures for marketing purposes, or for any disclosure that is a sale of your PHI.

You may revoke your authorization if you change your mind later.

CERTAIN USES AND DISCLOSURE OF YOUR PHI REQUIRED OR PERMITTED BY LAW

As a counseling and healthcare facility, I must abide by many laws and regulations that either require me or permit me to use or disclose your PHI.

REQUIRED OR PERMITTED USES AND DISCLOSURES

- If you do not verbally object, I may share some of your PHI with a family member or friend involved in your care.
- I may use your PHI in an emergency when you are not able to express yourself.
- I may use or disclose your PHI for research if I receive certain assurances which protect your privacy.

I MAY ALSO USE OR DISCLOSE YOUR PHI

- When required by law, for example when ordered by a court.
- For public health activities including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration.
- To report neglect, abuse or domestic violence.
- To government regulators or agents to determine compliance with applicable rules and regulations.
- In judicial or administrative proceedings as in response to a valid subpoena.
- To a coroner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements.

KEYCounseling

- For purposes of research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your PHI.
- For creating special types of health information that eliminate all legally required identifying information or information that would directly identify the subject of the information.
- In accordance with the legal requirements of a Workers' Compensation program.
- When properly requested by law enforcement officials, for instance in reporting gunshot wounds, reporting a suspicious death or for other legal requirements.
- If I reasonably believe that use or disclosure will avert a health hazard or to respond to a threat to public safety including an imminent crime against another person.
- For national security purposes including to the Secret Service or if you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.

YOUR PRIVACY RIGHTS AND HOW TO EXERCISE THEM

Under the federally required privacy program, clients have specific rights.

YOUR RIGHT TO REQUEST LIMITED USE OR DISCLOSURE

You have the right to request that I do not use or disclose your PHI in a particular way. In some situations, I am not required to abide by your request. If I do agree to your request, I must abide by the agreement.

YOUR RIGHT TO CONFIDENTIAL COMMUNICATION

You have the right to receive confidential communications of PHI from KEYCounseling at a location that you provide. Your request must be in writing, provide me with the alternate address and explain if the request will interfere with your method of payment.

YOUR RIGHT TO REVOKE YOUR AUTHORIZATION

You may revoke, in writing, the authorization you granted me for use or disclosure of your PHI. However, if I have relied on your consent or authorization, I may use or disclose your PHI up to the time you revoke your consent.

YOUR RIGHT TO INSPECT AND COPY

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or a minor client. I may charge a reasonable, cost-based fee for copies.

YOUR RIGHT TO AMEND YOUR PHI

If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that I created or have maintained for us. I may refuse to make the amendment and you have a right to disagree in writing. If I still disagree, I may prepare a counter-statement. Your statement and my counter-statement must be made part of my record about you.

YOUR RIGHT TO KNOW WHO ELSE SEES YOUR PHI

You have the right to request an accounting of certain disclosures I have made of your PHI over the past six years, but not before April 14, 2003. I am not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment and health care operations as described above. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

I will inform you if there is a charge and you have the right to withdraw your request, or pay to proceed.

YOUR RIGHT TO BE NOTIFIED OF A BREACH

You have the right to be notified following a breach of unsecured PHI.

YOUR RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the Notice electronically.

WHAT IF I HAVE A COMPLAINT?

If you believe that your privacy has been violated, you may file a complaint with me or with the Secretary of Health and Human Services in Washington, D.C. I will not retaliate or penalize you for filing a complaint with me or the Secretary.

- To file a complaint, please notify me in writing, ATTN: Ken Yunker, 1309 SE Willow Tree Dr., Blue Springs, MO 64014, or email: kyunker@keycounseling.info Your complaint should provide specific details to help me in investigating a potential problem.
- To file a complaint with the Secretary of Health and Human Services, write to: 200 Independence Ave., S.E., Washington, D.C. 20201 or call 1-877-696-6775.

CONTACT FOR ADDITIONAL INFORMATION

If you have questions about this Notice or need additional information, please contact me directly.

SOME OF OUR PRIVACY OBLIGATIONS AND HOW I FULFILL THEM

Federal health information privacy rules require me to give you notice of our legal duties and privacy practices with respect to PHI and to notify you following a breach of unsecured PHI. This document is our notice. I will abide by the privacy practices set forth in this notice. I am required to abide by the terms of the notice currently in effect. However, I reserve the right to change this notice and our privacy practices when permitted or as required by law. If I change our notice of privacy practices, I will provide you with a copy to take with you upon request and I will post the new notice.

COMPLIANCE WITH CERTAIN STATE LAWS

When I use or disclose your PHI as described in this notice, or when you exercise certain of your rights set forth in this notice, I may apply state laws about the confidentiality of health information in place of federal privacy regulations. I do this when these state laws provide you with greater rights or protection for your PHI. For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in response to a subpoena. When state laws are not in conflict or if these laws do not offer you better rights or more protection, I will continue to protect your privacy by applying the federal regulations.

Effective Date:

This notice takes effect on July 1, 2015 Version # 1